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APPLICANTS

Helmut D. Link, Hamburg, GERMANY;
 Arnold Keller, Kayhude, GERMANY;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	JAY R SIGLER/ Examiner's Signature	Initials	Germany	7	23	3		

ADDRESS

MORRISON & FOERSTER LLP
 1650 TYSONS BOULEVARD
 SUITE 400
 MCLEAN, VA 22102
 UNITED STATES

TITLE

Cervical Intervertebral Disc Prosthesis Comprising An Anti-Dislocation Device And Instruments

FILING FEE RECEIVED 3160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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